

No. 300  
820  
FILED APR 2 1951THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3605

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 5954		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike			
b. CITY OR TOWN Frankfort Rural Pono		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Frankfort Rural Pono		d. STREET ADDRESS (If rural, give location) 0820 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____							
3. NAME OF DECEASED (Type or Print)		a. (First) ROBERT		b. (Middle) CARL D.		c. (Last) MONTGOMERY	
4. DATE OF DEATH		Month		Day		Year	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 30 1904	
9. AGE (In years last birthday) 46		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOILER-TENDER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Frankford, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME TOM MONTGOMERY		13b. MOTHER'S MAIDEN NAME LULA SCOTT		14. NAME OF HUSBAND OR WIFE HATTIE MONTGOMERY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486-12-5923		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hattie Montgomery ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus ANTECEDENT CAUSES Cardiac asthma DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4342				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July, 1946 to Mar., 1951, that I last saw the deceased alive on Mar. 15, 1951, and that death occurred at 1:15 AM., from the causes and on the date stated above.							
23a. SIGNATURE E. P. Hansen 2 D.C. (Degree or title)				23b. ADDRESS Frankford Mo		23c. DATE SIGNED Mar. 16 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 17-51		24c. NAME OF CEMETERY OR CREMATORY Barkley Cem.		24d. LOCATION (City, town, or county) (State) New London Mo.	
DATE REC'D BY LOCAL REG March 21, 1951		REGISTRAR'S SIGNATURE Berniece Collier		FUNDAMENTAL DIRECTOR'S SIGNATURE 37425		ADDRESS Don Frankford, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 3 1951

Date Received: MAR 31 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-51-629  
Date Filed: MAR 31 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed: *Joe J. McQuinn*

Licensed Embalmer No. *4093*

P. O. Address: *Frankford, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.